

2009 ELECTION CYCLE  
SOS-MEDelbert Hosemann  
SECRETARY OF STATECandidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name

John L. Moore

Full Address

PO Box 20 Brandon MS 39043

Telephone

601-591-4100

(Fax)

601-591-0100

E-mail

moor5070@bellsouth.net

Office Sought

Representative Dist 60

Political Party

Republican



Check here if above is different from previous report

## TYPE OF REPORT

January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and  
Political CommitteesTermination Report (Candidate will no longer accept contributions or make campaign  
expenditures and has no outstanding campaign debt obligation)Required to terminate reporting  
obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)

This Period

Calendar  
year-to-date

Total amount of contributions

1500.-

\$

\$

1500.-

Total amount of disbursements

1600.-

\$

\$

1600.-

Total amount of cash on hand

\$

921.<sup>00</sup>/<sub>100</sub>

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1-29-10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

## SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

John L. MooreReporting period 1-1-09through 12-31-09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check into Cash of Ms</u>		<u>12</u> / <u>1</u> / <u>09</u>	\$ <u>250.</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kock Companies Public</u>		<u>10</u> / <u>1</u> / <u>09</u>	\$ <u>250.</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Baton Rouge, La</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T PAC</u>		<u>12</u> / <u>1</u> / <u>09</u>	\$ <u>300.</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Jackson Ms</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms Soft Drink Ass PAC</u>		<u>12</u> / <u>1</u> / <u>09</u>	\$ <u>200.</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Jackson Ms</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>200.</u>

Name of Candidate or Committee

John Moore

Reporting period

1-1-09

through

12-31-09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>State Farm Agents PAC</u>		<u>12 / 1 / 09</u>	\$ <u>500.<sup>00</sup></u>
Mailing Address _____		<u>  /  /  </u>	\$
City, State, Zip Code _____		<u>  /  /  </u>	\$
Name of Employer (Required) _____		<u>  /  /  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.-</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>  /  /  </u>	\$
Mailing Address _____		<u>  /  /  </u>	\$
City, State, Zip Code _____		<u>  /  /  </u>	\$
Name of Employer (Required) _____		<u>  /  /  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>  /  /  </u>	\$
Mailing Address _____		<u>  /  /  </u>	\$
City, State, Zip Code _____		<u>  /  /  </u>	\$
Name of Employer (Required) _____		<u>  /  /  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>  /  /  </u>	\$
Mailing Address _____		<u>  /  /  </u>	\$
City, State, Zip Code _____		<u>  /  /  </u>	\$
Name of Employer (Required) _____		<u>  /  /  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$